EASTCASTLE PLACE BRADFORD TERRACE

2429 EAST BRADFORD AVENUE

MILWAUKEE 53211 Phone: (414) 963-6151		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	54	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	54	Title 19 (Medicaid) Certified?	No
Number of Residents on 12/31/03:	35	Average Daily Census:	41

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 					14.3
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	0.0		20.0
Day Services Respite Care	No Yes	Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84	5.7 42.9	•	68.6
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.4	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	25.7		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	5.7	65 & Over	100.0		
Transportation	No	Cerebrovascular	11.4			RNs	11.4
Referral Service	No	Diabetes	5.7	Gender	용	LPNs	7.6
Other Services	No	Respiratory	5.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	40.0	Male	51.4	Aides, & Orderlies	43.0
Mentally Ill	No			Female	48.6	[
Provide Day Programming for			100.0				
Developmentally Disabled	No		ale ale ale ale ale ale ale		100.0	<u> </u>	and the standards of the

Method of Reimbursement

		edicare			dicaid tle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	11	100.0	325	0	0.0	0	0	0.0	0	24	100.0	208	0	0.0	0	0	0.0	0	35	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		0	0.0		0	0.0		24	100.0		0	0.0		0	0.0		35	100.0

Admissions, Discharges, and Deaths During Reporting Period	ļ	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
beachs builing Reporting Terrou	i				% Needing		Total
Percent Admissions from:	i	Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	3.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.0	Bathing	5.7		65.7	28.6	35
Other Nursing Homes	1.0	Dressing	14.3		57.1	28.6	35
Acute Care Hospitals	91.2	Transferring	22.9		48.6	28.6	35
Psych. HospMR/DD Facilities	0.0	Toilet Use	25.7		45.7	28.6	35
Rehabilitation Hospitals	0.5	Eating	88.6		0.0	11.4	35
Other Locations	1.5	*****	* * * * * * * * * * * * * * *	*****	*****	******	*****
otal Number of Admissions	204	Continence		용	Special Treatmen	ts	용
ercent Discharges To:	1	Indwelling Or Extern	nal Catheter	8.6	Receiving Resp	iratory Care	8.6
Private Home/No Home Health	21.8	Occ/Freq. Incontiner	nt of Bladder	45.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	33.6	Occ/Freq. Incontiner	nt of Bowel	14.3	Receiving Suct	ioning	0.0
Other Nursing Homes	6.6				Receiving Osto	my Care	0.0
Acute Care Hospitals	14.2	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	22.9
Rehabilitation Hospitals	0.0						
Other Locations	13.7	Skin Care			Other Resident C	haracteristics	
Deaths	10.0	With Pressure Sores		20.0	Have Advance D	irectives	97.1
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	211				Receiving Psyc	hoactive Drugs	71.4

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

************	*****	****	*****	*****	****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Non	profit	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	용	Ratio	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.9	87.9	0.86	88.1	0.86	86.6	0.88	87.4	0.87
Current Residents from In-County	97.1	87.5	1.11	88.7	1.09	84.5	1.15	76.7	1.27
Admissions from In-County, Still Residing	7.8	22.9	0.34	20.6	0.38	20.3	0.39	19.6	0.40
Admissions/Average Daily Census	497.6	144.5	3.44	189.9	2.62	157.3	3.16	141.3	3.52
Discharges/Average Daily Census	514.6	147.5	3.49	189.2	2.72	159.9	3.22	142.5	3.61
Discharges To Private Residence/Average Daily Census	285.4	49.7	5.74	75.8	3.77	60.3	4.74	61.6	4.63
Residents Receiving Skilled Care	100	93.9	1.06	94.9	1.05	93.5	1.07	88.1	1.14
Residents Aged 65 and Older	100	97.1	1.03	91.0	1.10	90.8	1.10	87.8	1.14
Title 19 (Medicaid) Funded Residents	0.0	50.3	0.00	48.6	0.00	58.2	0.00	65.9	0.00
Private Pay Funded Residents	68.6	34.6	1.98	30.8	2.22	23.4	2.94	21.0	3.27
Developmentally Disabled Residents	0.0	0.6	0.00	0.4	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	5.7	35.5	0.16	31.3	0.18	33.5	0.17	33.6	0.17
General Medical Service Residents	40.0	23.0	1.74	24.1	1.66	21.4	1.87	20.6	1.95
	47.4		0.91						0.96
Impaired ADL (Mean)		51.9		48.8	0.97	51.8	0.92	49.4	
Psychological Problems	71.4	62.2	1.15	61.9	1.15	60.6	1.18	57.4	1.25
Nursing Care Required (Mean)	6.4	7.2	0.89	6.8	0.94	7.3	0.89	7.3	0.88